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Psychiatric Evaluation: Ron Greenfield

Date of Birth: December 5, 1956

This evaluation is based on clinical interview and formal psychiatric evaluation, as well as my review of the relevant materials in this case. My opinions are stated within a reasonable degree of medical certainty.

Identifying Information

Ron Greenfield is a 64-year-old dual US and Israeli citizen currently residing in Ramat Hasharon, Israel. He is married with four children. He was born in Houston, Texas and immigrated with his parents to Israel at the age of 12. He first lived in Tel Aviv and later moved to Ramat Hasharon where he has lived ever since. Following high school, he completed his compulsory army service. He then studied for an undergraduate degree at the University of Houston, Texas where he majored in business and computers (4-year degree). He married his wife Pnina, and his first son was born in Houston, USA. On his return to Israel, he initially worked in his grandfather's dry ice business until the business closed. He then worked for a gas company in Tel Aviv for about ten years.

Presenting Problem

Mr. Greenfield relates that approximately five years ago, he decided to give his wife a creative gift for her birthday and take her on a culinary visit tour to Istanbul together with her sister. His brother-in-law was not interested in attending, so the three of them went alone. The tour was scheduled to last 4 days. On the third day, a Saturday morning (19/3/2016), he recalls that the group was walking down a pedestrian road in Istanbul. His wife took it upon herself to take pictures of the group and was walking a little ahead. Everyone in the group was walking and talking side by side. He remembers that he was at the left of the line and sped up to speak to his wife. A few seconds later, there was "a terrible explosion". It was a suicide bomber who targeted their group of touring Israelis. The terrorist he states mingled in with the group and exploded himself. Three of the group died. All in the group were injured he reports, except for one. He came to know each of the tour members well over the three days they had been together, and they were an intimate friendly group. He reports that in the explosion he was hit by shrapnel in his feet. The explosion was a nightmare for him. He remembers it as if it were yesterday. "Everything went black and dusty and hazy". He remembers hearing his wife shout, "where is Ron?" He recalls falling to the ground from the blast. He tried to get up and saw mayhem all around him. He saw that everyone in the group was lying on the ground scattered all over the street. There were many wounded around him. He heard his wife and sister-in-law calling for him. He then crawled and limped to his wife in a nearby alley where she had sought refuge after the blast. The three of them sat shocked, numbed, and in physical pain and emotional shock in the passageway. He recalls that his heart was racing. His ears were ringing, and this tinnitus never went away –he states that he remains suffering from this bothersome and extremely uncomfortable phenomenon to the present.

He noted that "my new sneakers were torn, and my foot was bleeding". He relates that he was so confused and overwhelmed by the situation that he did not even have the wits to tie a tourniquet around his foot and stop the bleeding. His wife was also bleeding in her leg and his sister-in-law was sitting alongside them crying hysterically. He states that the streets were eerily quiet that morning compared to their usual bustle with many shops unusually closed. He thus believes that people in the area had been tipped off and knew that there was going to be a terror attack in the area

that morning. He was whisked off after fifteen minutes by a Red Cross ambulance to a hospital about ten minutes away. In the hospital, his foot was bandaged up – by now her reports he was in a great deal of pain.

Mr. Greenfield reports that he was overwhelmed and confused by the situation. It was so unexpected. He went on a pleasant culinary tour and “then was blown up”. The contrast from his expectation was immense. He never thought that he would ever be a target of terror, especially not in a foreign country. He spoke to his family in Israel and his son and brother-in-law flew in to be with him that afternoon. Later that evening, he was flown back to Israel in a special plane. The situation was “extremely frightening to him”. He thought that he was going to die and only felt relieved when he finally landed the next day in Israel. In Israel he remained in hospital for a week and was discharged in a wheelchair with a cast on his leg. He shares that he was relieved to have survived – he realized that he could have easily died in the situation.

Soon after the terror attack, acute stress and post-traumatic symptoms began. These consisted of the following:

1. Nightmares: began within a few days of the terror attack. Content was frightening. In his nightmares, he relived the bomb attack. He would wake up sweating, screaming and with palpitations. The nightmares were very frequent for the first few months. Today, they occur much less.
2. Difficulty sleeping associated with the fear of getting further nightmares.
3. Avoidance: for months after the terror bombing, he avoided leaving the house for any non-essential activities. To this day, he leaves his home, however he does not enjoy going out to the public street.
4. Hypervigilance: this bothers him a great deal when he goes out into public places. He fears for any further attack and is constantly on guard. Thus, he struggles to enjoy anything outside his home in communal places. He reports that he simply does not trust any "outside situation" anymore.
5. Hypersensitivity to noises and loud sounds. Since he lives near a main thoroughfare in his home city, this is very difficult for him and affects function at times.

6. Physiological reaction: whenever he is reminded of the terror attack, he becomes nervous, and experiences mainly sweating and hyperventilation without palpitations.

Mr. Greenfield recalls that he had a cast on his leg for three months. This severely limited his mobility and caused him a great deal of physical and emotional discomfort. At the time of the terror attack, he was working as a bookkeeper at a gas company. After the terror attack, he was so dysfunctional that he was in no condition to return to work. He was limited physically in his mobility in his office. He was also suffering with ongoing emotional and psychological struggles; coming to terms with the trauma that he experienced and the fact that he nearly died. He thus never returned to work in his job at the gas company. He reports that he was simply unable to face the work that he did before he was injured in the terror attack. He reports also that he became less sure of himself due to his disabilities. He used to run, go to the gym etc. All his sporting activities and most of his social life came to an abrupt end after the terror attack. He lost all interest in these activities. This was in addition to his physical limitations following his injuries.

He was also markedly affected from a social perspective. He used to be very active and go to restaurants, movies, and parties often with his wife and friends. After the terror attack, this all ceased, and he was not able to attend such activities due to his emotional injuries. He reports that he just “did not enjoy anything anymore after the trauma he had experienced”. He used to have an active full life – this all changed after the terror attack. “Life has never been the same since” as he describes.

Since he was not mobile as he was before, in addition to his inability to return to work after the terror attack, he became homebound. This meant that he had to spend all day and every day with his wife. This was not easy for him and there were inevitable tensions that arose with each of them “on top of each other in the apartment”.

Due to his significant psychological damage in the wake of the terror attack and his post-traumatic symptoms, he was referred to see a psychologist for trauma therapy. This he did for approximately six months. Initially he also met with a psychiatrist through the local health fund insurance (*kupat cholim*) after the terror attack and was

prescribed medication for sleep and well as medication for his post traumatic anxiety and low mood (sertraline 100MG). He was evaluated by the relevant social security authorities and deemed to be 49% disabled. Due to his ongoing medical issues of pain and disability, he also started attending various alternative medical treatments such as reflexology, osteopathy, and acupuncture. He reports that he was searching for anything that may have given him some relief from his emotional and physical discomfort and pain. Just the tinnitus on its own is extremely frustrating and makes hearing others and listening to the television difficult and challenging. He feels that what happened to him was an “absolute disaster” in his life, even though he is fortunate to have survived. The states that the experience has affected everything about his life including his mood, awareness, stability, enjoyment, and overall quality of life.

Previous Psychiatric Illnesses

He denies any previous psychiatric treatment or evaluation prior to the suicide terror explosion.

Alcohol or Substance History

He reports no alcohol or substance abuse.

Family Psychiatric History

None reported.

Mental Status

General appearance: looks older than stated age, casually dressed, limping.

Behavior: hesitant, apprehensive, appears to obviously have difficulty sharing emotional experience. Uncomfortable describing disability – both physical and emotional.

Affect: Pained affect when describing details of the suicide bombing and its repercussions on his life.

Mood: Admits to low mood due to anxiety.

Speech: Clear and coherent

Thought disorder: No evidence of formal thought disorder.

Thought Content: No evidence of delusional content.

Perceptual Disorder: No evidence of past or present hallucinations. No evidence of psychosis.

Neurocognitive and neuropsychiatric status: fully alert and oriented. Concentration and attention ability are intact.

Impulse Control: Intact.

Insight: Good.

Judgment: Good.

Reliability of Mental status and interview: very good.

Psychological Testing

HAM-D and HAM-A rating scales, PTSD scale (PDS-5) and Pathological Grief screening questionnaires were administered.

The **Hamilton Depression rating scale** (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. The **Hamilton Anxiety Rating Scale** (HAM-A) is a widely used and well-validated tool for measuring the severity of a patient's anxiety. The HAM-A probes 14 parameters.

The **Posttraumatic Diagnostic Scale** (PDS-5) is a 24-item self-report measure that assesses PTSD symptom severity in the last month according to DSM-5 criteria. The PDS-5 begins with two trauma screen questions to assess trauma history and identify an index trauma. An item for each of the 20 DSM-5 PTSD symptoms is included, and an additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms. Symptom items are rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week / severe).

Scores indicate presence of moderate depression (score of 16 on the Ham-D), mild anxiety (score of 14 on the Ham-A), and PTSD (score of 35 on the PDS-5).

Summary of Observations

Ron Greenfield is a 64-year-old male with signs and symptoms of depression, anxiety, and post-traumatic stress symptomatology since being injured in a terror attack during a culinary tour to Istanbul in 2016. He witnessed and experienced the terror attack with injuries to his leg and significant post-traumatic stress responses. He thought that he was going to die in the explosion and witnessed numerous injuries and several deceased members of his tour group after the explosion. His symptoms have lasted several years to the present. As a result, he has experienced significant social, and emotional effects since the terror explosion considerably affecting his function in several areas of her life. He has not returned to his work since the terror attack. He clearly describes the intensity of her emotional pain and frustration associated with his and his wife's injuries along with his ongoing limitations and psychological trauma.

Prognosis

Ron Greenfield suffered significant mood, anxiety and post-traumatic symptoms following being injured, along with his wife, in a terror attack during a culinary tour to Istanbul in 2016. He clearly expresses how his life has been significantly affected following the trauma. Despite the treatment he has received and the several years that have past, it is not expected that his mood and anxiety issues affecting many areas of his personal and social functioning will resolve in the short term, and they will continue to affect him for a long time to come.

Diagnostic Formulation

309.81 (F43.10) Post-traumatic Stress Disorder

300.4 (F34.1) Persistent Depressive Disorder; moderate severity, late onset, with pure dysthymic syndrome

A handwritten signature in blue ink, appearing to read 'R. Strous', is written over a light blue rectangular background.

Rael Strous MD